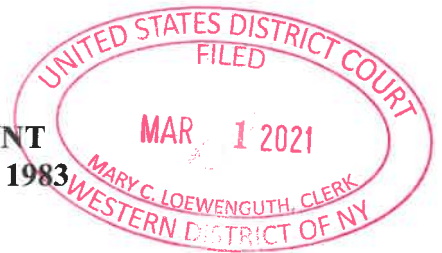


Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**



All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

21 CV 6197W

A. Full Name And Prisoner Number of Plaintiff: **NOTE:** *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. Shane Sinnott 17B3303
2. _____

-VS-

B. Full Name(s) of Defendant(s) **NOTE:** *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

1. Superintendent J. Wolcott 4. STATE of New York
2. MR. SMITH (Supervisor Maintenance) 5. Department of Corrections
3. MR. COOPER (Civilian Maintenance) 6. DR. LOUIS

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION **NOTE:** *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff: Shane Sinnott 17B3303
Present Place of Confinement & Address: Orleans Correctional Facility
3531 Gaines Basin Road, Albion, NY 14411-9199

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: J. Wolcott

(If applicable) Official Position of Defendant: Superintendent

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility
3531 Gaines Basin Road Albion, NY 14411-9199

Name of Defendant: MR. SMITH

(If applicable) Official Position of Defendant: Supervisor (Maintenance)

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility
3531 Gaines Basin Road Albion, NY 14411-9199

Name of Defendant: MR. COOPER

(If applicable) Official Position of Defendant: Civilian (Maintenance)

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility
3531 Gaines Basin Road Albion, NY 14411-9199

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes ☒ No ☐

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:
 Plaintiff(s): Shane Sinnott
 Defendant(s): State of New York (Court of Claims)
2. Court (if federal court, name the district; if state court, name the county): Albany
3. Docket or Index Number: 134923
4. Name of Judge to whom case was assigned: Richard E. Sise

5. The approximate date the action was filed: June 15th, 2020

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

B. Have you begun **any other lawsuits** in **federal court** which **relate to your imprisonment**?

Yes ☐ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ☐ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) 12-04-2019,
 defendant (give the **name and position held** of **each defendant** involved in this incident) MR. COOPER
Civilian (Maintenance) and Mr. SMITH (Supervisor Maintenance)

did the following to me (briefly state what each defendant named above did): Mr. SMITH in his office was aware of Mr. COOPER overseeing me learning how to replace a fan blower motor in the maintenance shop 20 FT away. After the motor was replaced Mr. COOPER directed me to hold the tester device on the motor adapter part to test it, saying, "hold these two adapters on the prongs and don't let them touch". Mr. COOPER then flipped the switch on from the tester device (he made) and I was electrocuted. The next day Mr. SMITH decided to train me properly with the right tools, not the Jimmy rigged one. "See Attached"

The constitutional basis for this claim under 42 U.S.C. § 1983 is: My constitutional rights were violated, according to the 8th and 14th Amendments

The relief I am seeking for this claim is (briefly state the relief sought): \$1,000,000.00

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? Granted to the extent

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? unanimously Accepted in Part

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

A. SECOND CLAIM: On (date of the incident) 12-11-2019,
 defendant (give the **name and position held** of **each defendant** involved in this incident) DR. LOUIS (DR.)
Nurse Beck and other nurses (Jane Does)

did the following to me (briefly state what each defendant named above did): Failed to give me adequate medical care. only after several slips dropped to medical and then a grievance, was I told that I was on a scheduled appointment in their near future to see a specialist and or MRI, and that was around a year ago. Even after a letter to the regional health administrator "Danielle Snide" stating my concerns of medical malpractice and negligence, I was again told to follow procedures. See Attached

The constitutional basis for this claim under 42 U.S.C. § 1983 is: My constitutional rights were violated, according to the 8th and 14th amendments

The relief I am seeking for this claim is (briefly state the relief sought): \$1,000,000.00

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? granted to the extent

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? unanimously accepted in part

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I am seeking \$2,000,000.00 relief for pain and suffering, emotional distress due to the negligence and malpractice and disregard for my safety and health, and disregard for their own policy and procedure and my rights from all parties involved in this incident. Had they followed their oath's taken, and responsibilities, this all could have been prevented - - -

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2-22-2021
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Shane Sin "Pro Se"
17B3303

Signature(s) of Plaintiff(s)

1. Caption of Action (continued)

B. Full names of Defendants

7. Nurse's (Jane Does)

8. Nurse Administrator (Nurse Beck)

3. Parties to This Action (continued)

Defendants information

Name of defendant: State of New York

Official position of defendant:

Defendant is sued on: official capacity/individual

Address of defendant: Orleans Correctional Facility

3531 Gaines Basin Rd Albion, NY 14411-9199

Name of defendant: Department of Corrections

Official position of defendant:

Defendant is sued on: official capacity/individual

Address of defendant: Orleans Correctional Facility

3531 Gaines Basin Rd Albion, NY 14411-9199

Name of defendant: Dr. Louis

Official position of defendant: Doctor

Defendant is sued on: official capacity/individual

Address of defendant: Orleans Correctional Facility

3531 Gaines Basin Rd Albion, NY 14411-9199

See Attached from claim 1 + claim 2

The elements of my claim are a STATE employee^(s) has

- 1) Duty: of care by law
- 2) Breach of duty: (carelessness) The defendant acted unreasonably
- 3) Causation: The defendant's carelessness directly caused me harm.
- 4) Damages: I have suffered personal injuries, and psychological distress.

All parties involved have denied me of my constitutional rights, and has violated them by not doing there jobs and has caused me great pain and suffering, which all could of been prevented. I have been told by more than one nurse to stop dropping slips to go see a specialist and or M.R.I, and that I was scheduled for an outside trip. Well, That was over a year ago and still I suffer with tingling and numbness - hands - arms - feet - legs - . . .

2083
Pages

3. parties to this Action "continued"

Name of defendant: Nurses (Jane Does)
 official position of defendant: Nurse's
 Defendant is sued on: official capacity / individual
 Address of defendant: orleans correctional facility
 3531 Gaines Basin Rd. Albion, NY 14411-9199

Name of defendant: Nurse Administrator (Ms. Beck)
 official position of defendant: Nurse Administrator
 Defendant is sued on: official capacity / individual
 Address of defendant: orleans correctional facility
 3531 Gaines Basin Rd. Albion, N.Y. 14411-9199

Certificate of Service

I, The undersigned, do hereby certify that I have served a copy of this motion upon "United States District Court clerk", 200 U.S. Courthouse, 2 Niagara Square, Buffalo, N.Y. 14202-3498, U.S. Mail, properly addressed, First-class prepaid, placing into the internal mailing system as made available to inmates for legal mail, at Orleans Correctional facility. The claimant further request's that a copy of this [His] pleading be forwarded to all interested parties, as he is detained, indigent and has no other means.

I declare under the penalty of perjury that this affidavit is true and correct. - Sharnold

Executed on 2-24-21

JOHN M. FITZPATRICK
 Notary Public - State of New York
 No. 0166026303
 Qualified in Orleans County
 My Commission Expires June 24, 2023

Subscribed to before me this
 24 day of February, 2021
John M. Fitzpatrick

3 of 3
 pages

(CC)

Sharnold

Exhibit A

FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

INMATE GRIEVANCE COMPLAINT

Grievance No.

ORL-24785-19

Orleans

CORRECTIONAL FACILITY

Date: 12-7-19

Name: Shane Sinnott

Dept. No.: 17B3303 Housing Unit: G-1-48B

Program: IPA-Ph.1 AM Maintenance - Locksmith PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)*

Description of Problem: (Please make as brief as possible) While working at Maintenance on 12-4-19, I was electrocuted due to improper training. I was testing a motor on a fan blower. See "Attached Personal Statement"

Grievant
Signature:

Grievance Clerk:

Date: DEC 10 2019

Advisor Requested ☐ YES ☐ NO Who:

Action requested by inmate: I would like for myself and others to be properly trained for each job task, so that they are not harmed like I was.

The Grievance has been formally resolved as follows:

This Informal Resolution is accepted:
(To be completed only if resolved prior to hearing)

Grievant
Signature:

Date:

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).




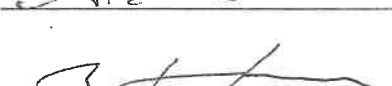
* An exception to the time limit may be requested under Directive #4040, section 701.6(g).


100

ORL-24785-19 GRIEVANCE GRANTED TO THE EXTENT

Response of IGRC:

Per investigation it has been reported that, following the grievant's request, the grievant was trained by the Plant Utilities Engineer (PUE) on basic electricity regarding the transmission, usage, safety, and testing of circuits and devices for voltage prior to working in the field.

Date Returned to Inmate DEC 19 2019 IGRC Members 




Chairperson 

Return within 7 calendar days and check appropriate boxes.*

- | | |
|---|--|
| <input checked="" type="checkbox"/> I disagree with IGRC response and wish to appeal to the Superintendent. | <input type="checkbox"/> I have reviewed deadlocked response Pass-Thru to Superintendent |
| <input type="checkbox"/> I agree with IGRC response and wish to appeal to the Superintendent. | <input type="checkbox"/> I apply to the IGP Supervisor for review of dismissal |

Signed _____
Grievant _____ Date _____

Grievance Clerk _____ Date _____

To be completed by Grievance Clerk.

Grievance Appealed to the Superintendent _____

Grievance forwarded to the Superintendent for action _____

* An exception to the time limit may be requested under Directive #4040, section 701.6(g).

To whom This May concern, 12-19-19

I Shane Sinnott 17B3303 disagree
 with the response of ^{THE} I GRC members.
 ORL-24785-19, IT is false, due
 to it clearly states in my statement
 that I was trained properly "The next
 day ^{on 12-5-19} by Jeremy Smith upon his request."
 He ALSO trained me the next day "with the
 proper testing tools," NOT the homemade
 device, I used with Mr. Cooper to test
 the motor ^{on 12-4-19} the day ~~after~~, when the electrocution
 happened.

Sincerely,
 Shane Sinnott

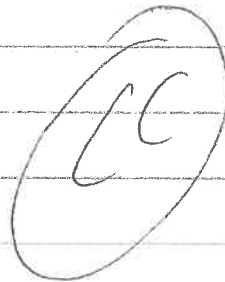

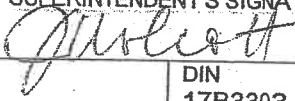



EXHIBIT E

 INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO. ORL-24785-19		DATE FILED 12/10/19
	FACILITY ORLEANS CORRECTIONAL		POLICY DESIGNATION
	TITLE OF GRIEVANCE Maintenance Training		CLASS CODE I-12
	SUPERINTENDENT'S SIGNATURE 		DATE 1/16/2020
GRIEVANT SINNOTT, S		DIN 17B3303	HOUSING UNIT B2-40B

This reviewer agrees with the determination made by the IGRC for the following reasons.

The grievant is requesting to be properly trained for maintenance job tasks.

Per investigation, it is reported that all inmates working in maintenance shop are trained in shop safety. Additional trainings are given to inmates who work on specialized equipment. All training should be documented on Form 1574, Record of Training.

While replacing the motor on an exhaust fan the grievant was shocked by touching the metal tip of the wire instead of the rubber coated wire. The inmate was escorted to medical and then seen at an outside hospital, returning to work the following day.

Corrective action has been taken reminding maintenance staff that all inmates must be properly trained prior to being assigned job tasks. All training will be documented on form 1574, Record of Training and placed in the inmate's guidance folder upon completion.

This grievance appeal is granted to that extent.

RECEIVED

JAN 16 2020

IGRC

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C. "Due to the above false statement"

I was doing what my supervisor told me to do, Hold the two clamps on the prongs and don't let them touch, I was using the homemade Tester, NOT the one I was trained on the next day. On 1-15-20, I was called down to maintenance to sign training paper dated 12-5-19 the day after the occurrence and I signed under distress.

GRIEVANT'S SIGNATURE


DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g) Form 2133 (02/15)

Exhibit F

 <p>Corrections and Community Supervision</p> <p>ANDREW M. CUOMO Governor</p> <p>ANTHONY J. ANNUCCI Acting Commissioner</p>	<p>Grievance Number ORL-24785-19</p>	<p>Desig./Code I/12</p>	<p>Date Filed 12/10/19</p>
<p>INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE</p>	<p>Associated Cases</p>		<p>Hearing Date 03/11/20</p>
<p>Facility Orleans Correctional Facility</p>			
<p>Title of Grievance Maintenance Training</p>			

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part only to the extent that CORC upholds the determination of the Superintendent for the reasons stated.

CORC asserts that the grievant signed a safety training form indicating he was trained on basic safety to work in maintenance. CORC further notes that additional trainings are given to inmates who work on specialized equipment and staff have been reminded of the importance of appropriately documenting all trainings. It is noted that the grievant was shocked while working by touching the metal tip of a wire instead of the rubber coated wire. He was seen immediately by medical staff following the incident and evaluated further at an outside hospital. CORC also notes that inmates are not forced to sign the training forms but are required to do so for the program. CORC advises him to address future safety or security concerns to an area supervisor and medical issues via sick call for the most expeditious means of resolution.

CORC asserts that the grievance program is not intended to support an adversary process.


In regard to the grievant's appeal, CORC asserts that all relevant information must be presented at the time of filing in order for a proper investigation to be conducted at the facility level. CORC has not been presented with sufficient evidence to substantiate that he has not been properly and completely trained by his supervisor.

HLK/

RECEIVED

APR 16 2020

IGRC

 Corrections and Community Supervision ANDREW M. CUOMO ANTHONY J. ANNUCCI Governor Acting Commissioner	Grievance Number ORL-0020-20	Desig./Code I/22	Date Filed 01/21/20
	Associated Cases		Hearing Date 04/29/20
	Facility Orleans Correctional Facility		
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Medical Tests	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon a full hearing of the facts and circumstances presented in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is accepted in part.

CORC notes that the grievant's complaint has been reviewed by the Division of Health Services' staff who advise that a complete investigation was conducted and that the grievant is receiving appropriate treatment. CORC further notes that an MRI and specialist consultation were not medically indicated. CORC asserts that, consistent with HSPM #1.43, the Facility Health Services Director (FHSD) is responsible for all aspects of inmate care, including referrals for outpatient care.

CORC recommends that the grievant address any further medical concerns to medical staff via established sick call procedures.

RAL/

RECEIVED

MAY 14 2020

IGRC

EXHIBIT K

Chief Medical officer Albany

To Whom This may concern,

2-10-2020

I am writing to you in regards of The Medical Malpractice here at Orleans Correctional facility.

Recently I was electrocuted at work "Maintenance" while replacing a fan blower motor. I have had problems getting a follow up done and also a MRI and or to see a specialist, due to the tingling and numbness in my hands feet, arms and legs.

After dropping a couple slips to medical to get these issues addressed, I was told by a nurse to "stop being a p---y" and that "my medical slips were going to Albany" and she pointed to the trash can and laughed.

I have had to grieve just to get the proper medical attention, and I am now on the list to get a MRI

I also have had past problems with medical giving me the proper medication that I was on for years and ^{medical} neglected to give me the medication on more than one occasion for 4 to 6 weeks at a time. I now have scars on my body due to not getting my medication in a timely fashion.

Sincerely

Shane Sinnott



sent

To
Chief medical officer
in Albany

EXHIBIT L



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

February 28, 2020

Shane Sinnott, 17-B-3303
Orleans Correctional Facility
3531 Gaines Basin Road
Albion, NY 14411-9199

Dear Ms. Sinnott:

Deputy Commissioner Morley has asked me to respond to your recent letter.

The Division of Health Services has investigated your concerns with the Health Services staff at Orleans Correctional Facility. I have been advised that the issue to which you refer is being addressed through the grievance process. Please be advised that Department of Corrections and Community Supervision, Directive # 4040 Inmate Grievance Program (IGP), provide inmates with an orderly, fair and simple method of resolving grievances pursuant to Correction Law. The directive makes no provision for an offender to refer grievances directly to Central Office.

It is suggested that you continue to bring your medical concerns to the attention of the health care staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

A handwritten signature in cursive script that reads "Danielle Snide".

Danielle Snide
Regional Health Services Administrator
Division of Health Services

cc: Orleans Correctional Facility

Exhibit I

FORM 1574 (12/11)

NEW YORK STATE - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

ORLEANS

CORRECTIONAL FACILITY

RECORD OF TRAINING

(If training provided on different dates, record each date and training separately, use more than one form if needed.)

INMATE NAME: S Sinnott DIN: 17-B-3303SHOP/WORK AREA: Gen/Help/maint staff Sidari

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

General area, safety equipment, shut off, First aid kits, Eyewash stations and personal protection equipmentEMPLOYEE TRAINER (NAME AND TITLE): A. J. ParkerSIGNATURE: [Signature] DATE: 7-24-19

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: [Signature] DATE: 7-29-19

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

Basic Electricity Safety, Basic of Electrical principles, How to use a voltage tester & Multi Meter.EMPLOYEE TRAINER (NAME AND TITLE): Soreny SmithSIGNATURE: [Signature] DATE: 12/5/19

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: Share Sinnott [Signature] DATE: 1/15/20

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: [Signature] DATE: _____

EXHIBIT

MS. Beck

70FT

(C)

Nurse Administrator,

3-5-20

7 of 7

I am writing you in regards to a follow up and a MRI and specialist that I have not seen since my Electrocution incident.

IT has been over 3 months and I have exhausted all remedies.

If you can help me with this matter, it would be appreciated. My hands - arms - feet - legs are still tingling and go numb.

no response

This is after several slips dropped and no response.

Sincerely

Shane Sinnott

I was told by Nurse Arnold to stop dropping slips I'm on a call out and that was several months ago.

I Shane Sinnott 17B3303 That I state that all of these documents I've written are nothing but the truth.

Even after following all in-house procedures, (protocols), Albany's response is "just keep following procedures through grievance and medical."

Which obviously does NOT work and I have had to suffer in many ways because of it.

Shane Sinnott
Shane Sinnott

EXHIBIT J

4-16-20

To whom this may concern or To Shelley Mallozzi

(LL)

have
repeated
both
grievances
twice
in this
matter!
have you
not received
them?

I am writing to you in regards of the inmate Grievance program here at Orleans Correctional facility. Two grievances that were filed here by me, pertaining to a electrocution incident, one was for improper maintenance training the other was for not getting medical attention properly. While in the process of these grievances I was called down to Maintenance a month and a half later after my electrocution incident to sign a training paper that was dated for 12-5-19 - which is the day I was actually trained but I was advised not to sign anything at that point, so I refused.

A hour later I was called back down to Maintenance and told by the C.O. that it would be in my best interest to sign and not to worry about the date being altered after signing because he would vouch for me and said his name was on it too. So, on the same ^{training} paper that the C.O. signed ~~the first~~ stating inmate Sinnott refused to sign, is where I signed next to it, under direct. The only Maintenance training paper I ever signed before that one was a Maintenance porter training paper, when I first started Maintenance here at Orleans Correctional. I feel this system is corrupt and is making false documents and statements to cover themselves. If all grievance paper work that I filed was sent, it clearly states the truth of this matter. I am NOT going to grieve anything else in this matter because I

Shane
Sinnott
17B3303

no
response

DEPARTMENT OF CORRECTIONS AND
NEW YORK STATE

ORLEANS CORRECTIONAL FACILITY

3531 Gaines Basin Road
Albion, New York 14411-9199

NAME: Share Sinnott DIN: 17B3303

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United States District Court clerk
200 U.S. Courthouse
2 Niagara Square
Buffalo, N.Y. 14202-3498

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Sinnott

DEFENDANTS

Wolcott, et al

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input checked="" type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609				

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause: 42 USC 1983

VII. REQUESTED IN COMPLAINT:
☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE